

SC Department of Consumer Affairs
Staff Leasing Services Division
3600 Forest Drive, 3rd Floor
P.O. Box 5757
Columbia, SC 29250-5757

Mark Sanford, Governor

Brandolyn Pinkston, Administrator

INFORMATION RE: NOTIFICATION OF LIMITED OPERATION

DIVISION REQUIREMENTS:

Upon written notification to the Department, a non-resident staff leasing company may assign, without a license, employees to client operations in South Carolina under the following conditions:

1. The staff leasing company's state of residence (home state) does not regulate or license staff leasing services.
2. The staff leasing company will not solicit or engage in staff leasing services in South Carolina.
3. The client company is in the start-up phase for new operations in South Carolina.
4. The total number of assigned employees for all clients will not exceed 40 (forty).
5. The staff leasing company notifies the Department in writing by completing the proper "Notification of Limited Operation" form (see attached) and by submitting a \$250.00 Notification Service Fee.

ADDITIONAL NOTES:

- Upon approval of a leasing company to operate in the State by notification only, the Deputy Director will issue a letter of approval to the controlling person (s) of the staff leasing company.
- Once approved, the "Notification of Limited Operation" form is valid for a period of 1 (one) year from the date of approval. Before the stated expiration date, the leasing company must renew its "Notification of Limited Operation" form by completing and filing a new form and by remitting an additional \$250.00 notification service fee. All checks should be made payable to the "South Carolina Department of Consumer Affairs".
- Any changes to the information reported on the company's "Notification of Limited Operation" form should be reported in writing to the Department within 30 (thirty) days of the change. Failure to report this information within 30 days may result in revocation of the company's "Notification of Limited Operation" form and/or Administrative Disciplinary Action.
- Additional questions regarding this form may be directed to the following Division Members:
Timmie Gibson Hatten, Financial Analyst (803) 734-4251

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Instructions: This form should be completed by a controlling person or other representative of the staff leasing services company and returned to the Department with the required \$250.00 Notification Service Fee.

1. Name and Address of Staff Leasing Services Company: _____

2. Name and Telephone Number of Staff Leasing Controlling Person and Contact Person: _____

3. Please submit a copy of staff leasing company's Certificate of Authority or Existence from the company's state of residence (home state).
4. Name and Address of Client Companies for which Notification is requested: _____

5. Name and Telephone Number of Client Company contact person (s): _____

6. Location and Telephone Number of Employee Worksite: _____

7. Names of Leased (Assigned) Employees (attach an additional sheet, if necessary):

8. Please list the date on which employees will begin work: _____
9. Please provide a current copy of a Certificate of Insurance (workers' compensation) to prove coverage for all assigned employees.
10. Please provide a description of the client's line of business in South Carolina: _____

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11. Please read, sign, and have notarized the following statement:

We understand that our staff leasing services company, its client companies, employees, or leased employees are not licensed to solicit or market any staff leasing services in South Carolina. We also agree that all responses that we have provided are accurate and complete to the best of our knowledge.

Staff Leasing Representative - sign

Client Company Representative - sign

State of _____
County of _____

Subscribed and sworn before me, a Notary Public,
this _____ day of _____, 20__.

Signature of Notary Public

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Certification to the Department of Consumer Affairs State of South Carolina

I, _____, President and owner of _____, a staff leasing company preparing to do business in the State of South Carolina, hereby certify that _____ will not offer any self or partially self funded plans of insurance for workers' compensation, health, life or disability to any employee in the State of South Carolina. Please be advised that ERISA plans are not acceptable as fully insured health/medical plans for staff leasing companies in South Carolina. No insurance plan may be offered without prior approval from this Department.

Signature

Printed Name

Title

Date

State of _____
County of _____

Subscribed and sworn to before me a
Notary Public, this _____ day of
_____, 20__.

My Commission Expires: _____